

## **ACKNOWLEDGMENTS**

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# **2001 NATIONAL SURVEY OF VETERANS (NSV): TABULATIONS OF RESPONSES**

## **PREFACE**

The 2001 National Survey of Veterans (NSV) is the fifth in a series of comprehensive nationwide surveys designed to help the Department of Veterans Affairs (VA) identify the needs of veterans and then plan future programs and allocate resources in ways that will ensure these needs can be met. By providing a periodic snapshot profile of the veteran population, the NSV series enables VA to: follow changing trends in the veteran population; compare characteristics of veterans who use VA services with those of veterans who do not; study VA's role in the delivery of all benefits that veterans receive; and update veteran information that helps the Department develop its policies. The NSV was conducted under the general authorization of U.S. Code Title 38, Section 527, which authorizes the VA Secretary to gather data for the purposes of planning and evaluating VA programs. Westat, under contract to VA, conducted the 2001 NSV.

## **Study Methodology**

### **Survey Design**

The final NSV 2001 questionnaire reflects the needs and contributions of many VA stakeholders. It addresses the larger national agenda, current legislation about who qualifies for VA benefits, and recent developments within the VA. The NSV 2001 draws on the 1992 NSV, the Department of Veterans Affairs Strategic Plan (FY 1998-2003), and the 1992 National Survey of Veterans Utilization Study conducted by Westat with numerous VA stakeholders between January and March 1999.

A copy of the NSV instrument is provided in the Appendix. The survey instrument is grouped into 10 sections:

- *Military background*—Includes branch of service, service dates, service era, service locations, combat and other military experiences (e.g., exposure to environmental hazards), and discharge information.

- *Sociodemographic Characteristics*—Includes gender, age, race, ethnicity, education, marital status, dependents, income sources and amount, value of assets, and amount of indebtedness.
- *Benefit modules*—The survey includes question modules on the following veteran benefits: Health Care, Disability, Mortgage Loan, Life Insurance, Education and Training, and Burial Benefits.
- *Within each benefit module*,—The survey includes: veterans' use of the benefit; other sources of assistance used; and access and barriers to service use.
- *Veterans' communication needs*—Includes veterans' recent need for VA information, preferred media, and access to and use of the Internet (items introduced in 2001 survey).

### **Survey Population**

To meet the VA research objective of obtaining sufficient data from a cross section of the veteran population, Westat designed a sampling plan that employed a dual frame approach to obtain 20,000 completed veteran interviews. This approach called for the completion of 13,000 veteran interviews from randomly selected households (RDD Sample) augmented by 7,000 veteran interviews completed from a List Sample selected from the VA Compensation and Pension, and Health Care Enrollment files. The sample was allocated to obtain reliable estimates for each of the seven VA health care priority groups, and for population subgroups of particular interest such as females, Hispanics, and African Americans.

A total of 20,048 interviews (12,956 from the RDD sample and 7,092 from the list sample) were completed. Survey data were weighted to represent the entire non-institutionalized veteran population. Weighting incorporated the probability of selection, survey nonresponse, and households with more than one telephone number. The RDD Sample extended interview response rate was at 76.4 percent, while the List Sample extended interview response was 62.8 percent. Complete details of weighting and response rates are included in the *2001 National Survey of Veterans Design and Methodology Final Report*.

### **Survey Administration**

The 2001 National Survey of Veterans was administered to selected veterans using computer-assisted telephone interviewing (CATI) technology. Participation was voluntary and the information collected from each veteran is confidential. Data collection began February 12, 2001, and ended November 12, 2001.

## **Analysis Procedures**

### **Estimation Procedures**

Surveys were completed with 76.4 percent of the RDD sample and 62.8 percent of the list sample, and thus the data required weighting to produce population estimates. This weighting means that standard statistical software packages may be inappropriate for computing standard errors, variances, or tests of statistical significance. For this report, variance estimates were calculated using WesVar,<sup>1</sup> a software application specifically designed to provide valid statistical estimates for complex surveys. WesVar uses replication methods for variance estimation.<sup>2</sup>

The survey data most likely contain error similar to the sampling error occurring in sample surveys when data are obtained from only a fraction of the population. Estimates in these tabulations are percentages and are reported with their standard errors. Standard errors are estimates of the random variation around population parameters such as a mean or, as is the case in these tabulations, a percentage. The larger the standard error, the less precise are the estimates reported. Sometimes the accuracy of an estimate is expressed in terms of the lower and upper bounds of a confidence interval, where the confidence interval is determined by the sample point estimate, the normal curve value taken from the t distribution, the desired degree of accuracy (95%, 99%, etc.), and the standard error. For example, the 95 percent confidence limits for a population value are equal to the weighted sample value (in this case the percentage estimate) plus or minus 1.96 times the standard error. One can then say we are 95 percent certain the true population value (percentage) lies within the confidence interval.

### **Subgroups**

The survey results are tabulated in this document as a whole and for a variety of subgroups, including gender, ethnicity, race, age, marital status, education, period of service, health care priority group, health care use characteristics, disability rating, disability compensation, and disabling condition. Detailed information about how each subgroup category was calculated or constructed is displayed in Appendix B.

It should be noted that there are a number of parallel tables under Health Care Benefits. Some are restricted to users of emergency room, outpatient care or overnight stays in hospitals and are clearly labeled as such. Others that refer to health care users and do not indicate type care have a broader

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<sup>1</sup> WesVar® is a registered trademark of Westat, Rockville, MD, USA.

<sup>2</sup> Replication is an empirical method of establishing sample variation by drawing repeated subsamples from the obtained sample and comparing results to those obtained for the full sample. This empirical calculation of variance is in line with the theory of sample variation, which draws upon the concept of creating repeated samples to establish confidence intervals. Replication methodology produces variance estimates very close to those produced using a Taylor series linearization methodology, the main alternate method of variance estimation.

definition and refer to a summary measure of all kinds of health care asked about on the survey instrument. This care includes not only emergency room, outpatient care, and overnight stays in hospitals, but also prescription medications, treatment for exposure to environmental hazards, psychological counseling, in-home health care, and prosthetics care.

### **Data Suppression**

Unstable estimates in table cells were suppressed or annotated. Estimates may be unstable because of a small sample size for that cell or large variance in the data or weights. Cell suppression rules were based on precision requirements and included the following:

- A cell estimate was not published if the unweighted denominator for that estimate was less than 30 respondents. These cells are annotated *NR*.
- A cell estimate was published with an asterisk if the unweighted denominator for that estimate was 30-59.
- A cell estimate was published with an asterisk if the relative standard error (RSE) was 30 percent or greater.

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